

## Medicaid Dental Benefit Program Improvements

*During the past several years, the Louisiana Department of Health and Hospitals has worked with providers, recipients and stakeholders to implement a comprehensive transformation of the State's Medicaid program, focusing on improving health outcomes and increasing quality of life for recipients while making the best possible use of available resources.*

In June 2012, the State completed implementation of Bayou Health, the new approach to coordinating care for more than two-thirds of the State's 1.2 million Medicaid and LaCHIP recipients. In Bayou Health, DHH has contracted with five Health Plans - Amerigroup RealSolutions, Community Health Solutions, LaCare, Louisiana Healthcare Connections and UnitedHealthcare — that are responsible for coordinating health care for recipients, working with them to manage chronic diseases and empowering them to take a more active role in owning their own health.

There are two types of Bayou Health Plans:

- ▶ The prepaid model (Amerigroup, LaCare and Louisiana Healthcare Connections) is a capitated model in which the Health Plans establish networks of a wide range of health care providers (doctors, hospitals, labs, home health agencies, transportation providers, etc.) and receive a monthly payment for each member covered to provide core benefits and services. In this model, prior authorizations and claims payment are handled directly through the Health Plan.
- ▶ The shared savings model (Community Health Solutions and United Healthcare) is an Enhanced Primary Care Case Management (ePCCM) model, which includes a network of primary care providers that receives monthly management fee for each member to provide enhanced care management services, with opportunities for them to share in cost savings. The Health Plan is responsible to authorize most services and

preprocess claims, and then Medicaid's fiscal intermediary pays the claims.

During the implementation phase, dental care was one of several services that were "carved out" of Bayou Health, meaning Medicaid recipients in health plans received their dental services through the legacy Medicaid program. Now, DHH wants to apply Bayou Health's principles to dental care, and is seeking feedback on how to enhance dental services and coordinate this aspect of care in Medicaid.

### *Planned Dental Service Improvements for Recipients*

Beginning this fall, DHH will include dental care as a benefit for recipients in the three prepaid model Health Plans — Amerigroup, LaCare and Louisiana Healthcare Connections. At the same time, DHH will undergo a competitive procurement process (Request for Proposals) to select an entity that will coordinate dental care for recipients in the other two Bayou Health Plans, Community Health Solutions and United Healthcare Community Plan, as well as Medicaid recipients who are in legacy Medicaid (waiver recipients, people who receive Medicare, people in nursing homes or long-term care facilities and recipients in the LaHIPP program). More than half of Medicaid recipients will continue getting their dental services in legacy Medicaid and will go through this new entity.

This is a consumer-focused change to improve access to care, and does not affect Medicaid

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## Medicaid Dental Benefit Program Improvements *(continued)*

recipients' abilities to get dental treatments. The Bayou Health Plans are required to give recipients at least the same dental services for which they would be eligible in legacy Medicaid. The prepaid plans can actually offer more dental benefits if they choose.

### *Provider Protections*

DHH designed BAYOU HEALTH with certain protections built into the rule and Health Plans' contracts, which will apply to dental services. Bayou Health Plans are required to:

- ▶ Ensure network adequacy by contracting with a sufficient number of providers to serve recipients in that Plan
- ▶ Pay providers at least what they would earn in the Medicaid fee-for-service program
- ▶ Make a good faith effort to contract with significant traditional providers of services in legacy Medicaid
- ▶ Follow robust appeals and grievances processes
- ▶ Adhere to prompt-pay standards for clean claims (Health Plans must pay 90 percent of clean claims within 15 days, and 99 percent within 30 days)
- ▶ Operate at a set Medical Loss Ratio (Health Plans must spend at least 85 percent of all available funding on direct patient care. If MLR is less than this, the difference must be refunded to the State.)
- ▶ Produce health outcomes and performance reports on 37 health care quality indicators, along with monthly/quarterly/annual reporting

- ▶ Meet financial transparency requirements
- ▶ Transition patient care effectively
- ▶ Meet DHH's standards for timely submission of encounter data

DHH welcomes input on these and other protections dental providers and recipients feel are necessary to ensure Medicaid dental services continue to effectively meet health care needs.

### *Next Steps*

DHH anticipates implementing dental changes in fall 2012, after meeting with stakeholders and gathering feedback to determine aspects of the improved dental program.

DHH's site, [MakingMedicaidBetter.com](http://MakingMedicaidBetter.com), contains information about the upcoming changes for dental services, on the "Providers" section under the heading "Dental Services."

DHH will update the website frequently during this process. The public is advised to check here often to see the latest details. Visitors to the site also can review information about Bayou Health, subscribe to DHH's newsletter for frequent email updates and submit questions or comments electronically. Stakeholders are also welcome to submit their feedback by email to [bayouhealth@la.gov](mailto:bayouhealth@la.gov).